

5230 S. East Ave.
Countryside, IL 60526
Phone: 708-579-7925
Fax: 708-579-7801

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To:	Examiner Robert Spitzer	From:	Christopher J. Cronin
Fax:	703-872-9306	Date:	February 22, 2005
Phone:	571-272-1167	Pages:	19 (inc. cover page)
Re:	U.S. Patent Application Serial Number 10/601,135	Seri #:	S5843 US

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OFFICIAL COMMUNICATION

Dear Examiner Spitzer,

Please enter the enclosed Amendment of February 22, 2005 for U.S. Patent Application Serial Number 10/601,135. If you have any questions, I may be reached at the above telephone number.

Best regards,

Christopher J. Cronin
Reg. No. 46,513

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PTO/SB/21 (09-04)

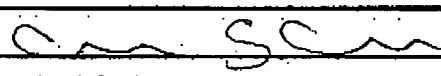
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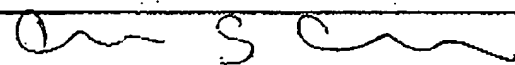
TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/601,135	
	Filing Date	June 20, 2003	
	First Named Inventor	Christian MONEREAU	
	Art Unit	1724	
	Examiner Name	Robert H. Spitzer	
Total Number of Pages in This Submission	19	Attorney Docket Number	SS843 US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): fax cover sheet
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Air Liquide		
Signature			
Printed name	Christopher J. Cronin		
Date	February 22, 2005	Reg. No.	48,513

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Signature			
Typed or printed name	Christopher J. Cronin	Date	February 22, 2005

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